

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten initials]</i>	<i>[Handwritten ID]</i>	<i>[Handwritten Date]</i>
O.I.P.E. CLASSIFIER	<i>[Handwritten initials]</i>	<i>[Handwritten ID]</i>	<i>[Handwritten Date]</i>
FORMALITY REVIEW	<i>[Handwritten initials]</i>	<i>[Handwritten ID]</i>	<i>[Handwritten Date]</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	09/23/00
2	✓	✓	09/23/00
3	✓	✓	09/23/00
4	✓	✓	09/23/00
5	✓	✓	09/23/00
6	✓	✓	09/23/00
7	✓	✓	09/23/00
8	✓	✓	09/23/00
9	✓	✓	09/23/00
10	✓	✓	09/23/00
11	✓	✓	09/23/00
12	✓	✓	09/23/00
13	✓	✓	09/23/00
14	✓	✓	09/23/00
15	✓	✓	09/23/00
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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